In June 2021, the U.S. Food and Drug Administration (FDA) approved the medication aducanumab (marketed as Aduhelm) to treat people with Alzheimer’s disease. This drug is the first approved treatment in the United States that is shown to slow progression of the disease. Below are answers to frequently asked questions about aducanumab.

HOW DOES ADUCANUMAB WORK?
Aducanumab helps the body remove amyloid, one of the proteins that abnormally build up in the brain of a person with Alzheimer’s disease.

WHO IS IT FOR?
It is approved for use in people with mild cognitive impairment and mild dementia due to Alzheimer’s disease.

WHO IS IT NOT FOR?
It is not for use in people with other causes of dementia or memory loss, such as strokes, Parkinson’s disease, and frontotemporal dementia (a condition that affects personality and behavior more than memory).

IS IT A MAJOR BREAKTHROUGH?
Yes, aducanumab represents a major advancement in treatment. It is the first FDA-approved medicine that treats the processes of Alzheimer's disease in the brain. All prior treatments have targeted only the symptoms, not their causes.

WILL IT CURE ALZHEIMER’S DISEASE?
No, this treatment is not a cure for Alzheimer’s. It does not reverse memory loss or restore daily function. Instead, it is expected to slow the worsening of the disease. How much the medication may help people with moderate or severe dementia due to Alzheimer’s disease is not known, but prior studies on this class of drugs suggest that it will not provide benefit to people in more advanced stages of the disease.

WILL IT HELP POSTPONE THE ONSET OF ALZHEIMER’S DISEASE?
It might. Studies of aducanumab and other similar drugs are underway to see if they postpone development of dementia or memory loss. Right now, there is not enough information about its risks and benefits to use it in people who do not have memory loss related to Alzheimer’s.

WILL IT LEAD TO FURTHER UNDERSTANDING OF DEMENTIA?
Aducanumab will advance our understanding of dementia by showing how important amyloid is to the progression of dementia.

WHAT ARE THE SIDE EFFECTS?
The most serious possible side effects are temporary brain swelling and small areas of bleeding in the brain. In studies of the medication, about 40% of people receiving aducanumab had brain swelling found on routine, preplanned MRI scans. Most of them had no symptoms. About 25% of treated people had brain hemorrhages (bleeding). Almost all the areas of bleeding were too small to cause major symptoms and were found on routine MRI scans.

HOW IS IT GIVEN?
The treatment will be given as monthly intravenous (IV) infusions, which will be conducted at an infusion center and monitored for side effects.
HOW LONG DO I HAVE TO TAKE IT?
No current studies tell us how long treatment will be needed, but people will probably have to continue on treatment until they progress into moderate-stage dementia. More research is needed to answer this question.

HOW MUCH TIME WILL WE NEED TO BE AT UAB FOR EACH DOSE OF MEDICATION?
The infusion will probably take about one hour. Including check-in and checkout time, most people should plan for at least 1.5 to 2 hours for each visit.

WHAT NEEDS TO BE DONE TO QUALIFY FOR TREATMENT?
Most people will need to have an MRI scan to check for past bleeding episodes. Doctors will also want to be sure that amyloid, the Alzheimer’s protein, is present in the brain. That usually requires a lumbar puncture (spinal tap) or a special type of PET scan.

WILL INSURANCE COVER IT?
Medicare has not said whether it will cover the costs of qualifying tests or treatment. If Medicare does decide to pay, it likely will only cover patients who have mild cognitive impairment and mild dementia due to Alzheimer’s disease.

WILL IT TAKE THE PLACE OF MY OTHER MEMORY MEDICATIONS?
Patients taking oral medications used to treat memory symptoms (like donepezil, galantamine, memantine, and rivastigmine) should continue those treatments while on aducanumab. Studies show that aducanumab may slow the progression of Alzheimer’s, but the drug has not been shown to improve memory symptoms.

CAN I GET THIS TREATMENT ONLY AT UAB?
Most hospitals with infusion centers (for treatments such as chemotherapy) will be able to administer aducanumab.

SOMETIMES I CAN’T REMEMBER A PERSON’S NAME. SHOULD I BE TAKING AUCANUMAB?
There are many causes of lapses in memory, such as forgetting a name, that are not due to Alzheimer’s disease. Slow recall of well-known information is part of normal aging. Having a discussion with your family doctor is the best way to find out if you should be tested for memory loss.

I HAVE TROUBLE REMEMBERING CONVERSATIONS, THE RESTAURANT I WAS IN LAST NIGHT, OR WHERE I LEFT MY KEYS. SHOULD I BE TAKING AUCANUMAB?
Occasionally forgetting parts of a conversation can be a normal part of the aging process. However, people who recently started forgetting things they’ve done or repeating things they said just moments before should have a medical evaluation for treatable causes of that memory loss.

WHAT CAN I DO TO MAINTAIN GOOD BRAIN HEALTH?
Brain health and heart health are closely related. Regular physical exercise (20-30 minutes every day), a heart-healthy diet (with lots of brightly colored fruits and vegetables), mental stimulation, and social engagement all seem to promote brain health. Keeping blood pressure, blood sugar, and cholesterol under control is very important. The American Heart Association’s “Life’s Simple 7” approach provides a good basis for brain health. Learn more about it at heart.org/en/healthy-living/healthy-lifestyle/my-life-check--lifes-simple-7

ARE THERE OTHER MEDICATIONS UNDER DEVELOPMENT FOR ALZHEIMER’S DISEASE?
There are many other medicines being developed to treat Alzheimer’s disease. UAB is a major site for testing new treatments and for conducting research to invent new and better medicines. Many older adults (with or without memory loss) are eligible to join studies through the UAB Alzheimer’s Disease Center. Click here to learn more about active clinical trials.